CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA P.O. Box 159 CROW AGENCY, MT 59022

Voluntary Hold Request Form

DIRECTIONS: This form is used to place or release a voluntary hold on Per Capita payments issued to an enrolled adult member of the Crow Tribe.

If you are requesting a voluntary Hold: Fill out Section A and write "N/A" in Section B. A notary must complete Section C unless form is brought in person to the Enrollment Department where Section C will be completed by Enrollment Staff.

If you are requesting a release on a voluntary Hold: Fill out Section B and write "N/A" in Section A. A notary must complete Section C unless form is brought in person to the Enrollment Department where Section C will be completed by Enrollment Staff.

1. Enrolled Adult Name				
(FIRST — M.I. — LAST)		2. Date of Birth	3. Enrollment Number (E.G. 202U123456)	
			20	
4. Date for Hold to go into effect	5 Descen for Volunter	w Hold Dogwood	10	
4. Date for Hold to go into effect	5. Reason for Voluntar	y noia Request		
0.5	A STATE OF THE PARTY OF THE PAR		7 %	
6. If requester is a minor, name and sig	nature of minor's parent, le	gal guar <mark>dian, or guardian</mark>	ad litem	
(PRINT NAME)		(SIGNATURE)	(DATE)	
Section B: Request to Release Voluntar	y Hold	(SIGNATURE)	(DAIE)	
1. Enrol <mark>led Tribal Adult N</mark> ame	-	2. Date of Birth	3. Enrollment Number	
(First — M.I. — Last)	Y	(MM/DD/YYYY)	(e.g. 202U123456)	
4. Date for Relea <mark>se to go into e</mark> ffect		16		
- 7				
6. If requ <mark>es</mark> ter is <mark>a minor, name and sig</mark>	<mark>nature of minor's parent, le</mark>	gal guardian, o <mark>r guardian</mark>	ad litem	
(PRINT NAME)		(SIGNATURE)	(DATE)	
Section C: Notary Section (must be con	ıpleted)	(SIGNATURE)	(DAIE)	
STATE OF		1	15	
and the second	7	(ENROLLMENT STAFF SIGNATURE TO VE	ERIFY REQUESTER'S IDENTITY IF NO NOTARY)	
COUNTY OF	2 4	3		
ONBEFORE ME,	101-	-01/		
(DATE)	(NOTARY)		20/0	
PERSONALLY APPEARED,				
, 	(SIGNERS)			
PERSONALLY KNOWN TO ME		WI	TNESS my hand and official seal	
			•	
			(NOTARY SIGNATURE)	
	Envallment Office	Hao Only	(NOTALL SECTIONS)	
		Enrollment Office Use Only ered Enrollment Staff — Print Name and Sign		
Family Number Date Enter			Name and Sign	